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ORIGINAL AND SELECTED ARTICLES.

SILVER WIRE SUTURES IN WOUNDS OF THE INTESTINES.

BY J. McF. GASTON, M.D., ATLANTA, GA.

The elaborate paper of Dr. S. D. Gross on wounds of the intestines, and the experimental researches of Dr. C. T. Parkes on the same subject, presented to the last meeting of the American Medical Association, with the investigations of others relating to this branch of surgery, indicate a special interest in this subject at the present time. Observing that none of those who have treated of suturing the incisions or divisions of the intestinal walls have made any allusion to the advantages of the silver wire as a means of reuniting the margins in either partial or complete division of this canal, it seems proper to draw the attention of surgeons to the peculiar adaptation of this suture in wounds of the intestines. While silk and catgut are very pliant, so that in the lesser lesions of the flaccid wall of the intestinal canal they may be used in the form of continuous suture for drawing the edges together, yet this very pliancy admits of such puckering in a diagonal or longitudinal cut of the intestine as to fail in the uniform approximation of the margins throughout the entire line of the incision. If, on the other hand, the silver wire be used for making a continuous suture under

the same circumstances, it can be so moulded as to serve the end of a splint in maintaining exact apposition of the edges, and yet not interfere materially with the general mobility of the intestinal canal. It will be perceived that, by the use of the blades of an ordinary dressing forceps, each stitch may be so compressed as to effect the nicest adaptation of the margins, and that the bend of the wire, being retained, must keep the parts in their relative positions after the suture is completed. Every surgeon, who has had occasion to use the silk or catgut for suturing these oblique or longitudinal incisions of the walls of the intestine, must have observed that if tension is kept up upon the tissues while the suture is being applied there is a great liability to gaping of the wound subsequently from the contraction of the longitudinal fibres of the gut, while the thread corresponds to the distended state. Again, if stitches of the continuous suture are put in while the intestine is contracted, puckering results, as the thread is too short to admit of the extension in the relaxed condition of its walls. In either case, there is more or less separation of the edges of the wound in some points of its course, and, consequently, liability to escape of gases, if not of the fluid or solid contents of the canal. If, however, the continuous splint suture of silver wire be employed, as suggested, the tissues must remain in the same relations as when it is applied, and it is only requisite to secure, so near as may be, the normal tension of the tissues on the occasion of passing the suture for the maintenance of a proper union of the borders of the wound.

Should the case be one of resection of the canal, or a transverse incision of its wall, the interrupted suture of silver wire is most appropriate; and, in this case, the accurate adjustment of the points for bringing the edges together is of moment, as all depends upon the close apposition of the margins, so that the external serous investment and the internal mucous membrane shall be in juxtaposition with their respective surfaces. While it is held by most writers that the margins shall be doubled in, so as to bring their external or peritoneal surfaces together, I am satisfied, from my observations in a case closed by me with silver wire many years ago, that the best result may be secured by precisely fitting the circular edges of the divided canal.

In the case referred to, which was reported in the medical literature of that period, a man had removed three pieces, each of some ten inches in length, from the small intestines, while under the mental hallucination of delirium tremens. When I was called to him, these three fragments were lying on the ground, and were

subsequently preserved in the museum of the medical college at Charleston, S. C. The free ends of the intestine dangled out of a small aperture in the abdominal parietes, and only required to be cut off smoothly and brought together to effect the continuity of the canal. After putting in seven points of the interrupted suture of silver wire, which left the edges nicely fitted together, by twisting their ends while the point of junction was held firmly by forceps and then cutting off the wires, the union of the margins was accurately preserved. It was observed that, when the suture was completed and the intestine released, it contracted into a cord-like form at the circle of approximation, and continued in this state until the bowel was returned to the abdomen. The external wound was also closed with silver wire, and, as the subject required an opiate on account of his general condition, he was kept under its influence for more than a week. The complete recovery of this case recommends the treatment of similar accidents by the silver wire suture; and it may be further stated that, after his death from another cause some years subsequently, I was told by Dr. Chasal, of Charleston, S. C., that he made a post mortem examination of the case, remarking that the wire had disappeared through the intestinal canal, leaving but slight traces of the site of union.

It is well understood that, in sutures of the intestinal walls, plastic lymph is thrown out around the site of the stitches, so that, in cutting through the substance of the canal, the knot or loop is carried into the cavity, whether of silver, silk or other material. But should the silver wire be retained, in the continuous suture for instance, it becomes encysted and retains its place in the tissues without causing irritation. All know that it is less prone to cut its way out, and thus is preferable to silk in all cases where it is desirable that parts shall be held together firmly for a considerable time.

The catgut suture is not regarded by those having most experience with it as deserving of confidence in wounds or excisions of the intestine, and its use should be limited to closing the peritoneal abdominal incision, for which it is admirably suited.

This brief note is only designed to draw the attention of operators to the importance of studying anew the claims of the silver wire suture in their investigations of the proper mode of closing intestinal wounds.

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FRENCH THEORIES ON CHOLERA.

BY M. LEREBOULLET, OF THE PARIS FACULTY.

The question of the day before the French Academy is cholera at every point of view. Among the most important communications are those on prophylaxis of the disease, by M. Noel Gueneau de Mussy, which have their foundation in the similarity of propagation of typhoid fever and cholera.

It is very evident that the French savants have keenly felt the discovery by the German professor, Koch, of a microbe, special to the disease, in the intestinal dejections of choleraic patients, after the scientific envoys of M. Pasteur to Alexandria had asserted that none such existed.

In a recent article on the subject, M. Lereboullet, of the Paris Faculty, very largely considers this part of the subject.

MM. Straus and Roux have studied at Alexandria and Toulon the pathological anatomy of cholera. They found that the lesions observed were identical in both epidemics. They have sought to discover, with the greatest care (and their competence in such research is undeniable), if there existed any microscopic organism which might be considered as the specific infectious agent of the disease, and they have failed to find any such bacillus or microbe.

Well acquainted with the works of Prof. Koch, having assisted in his researches, using the same reagents, they have, like him, found that in the intestinal dejections of individuals dying of cholera there existed a microbe of special dimensions and form. But, on the other hand, they have found that this microbe was not always present; and, again, that it could be found, not only in cholera, but also in ordinary dysenteric dejecta (malassez), in the vaginal mucus of women suffering from leucorrhœa, and in the uterine secretions of a woman having epithelioma of the os.

These observations would seem to prove that the exterior form of a microbe is not sufficient alone to characterize it, and that in the absence of direct proof, which might result from a fertile inoculation, the affirmation of M. Koch must be received with a certain amount of reserve. One fact is of very great importance, and that is the very rapid multiplication and constant appearance of these bacilli in the intestinal mucus of subjects dying very suddenly from cholera.

If, as has been asserted, a large number of these microbes be found in the intestinal mucus rapidly taken from the subject just after death from the disease, and if these special microbes described by Prof. Koch are also found later in the course of the malady, it may be possible that they constitute the infectious agent in the disease.

But, whatever be the value of this pathologic discovery, it must be admitted that, of all the maladies possessing elements of contagion or infection, cholera, in its modes of evolution and transmission, appears most compatible with the hypothesis of causation by an animated germ or microbe.

If it be proven later that Prof. Koch has been mistaken as to the form and nature of the bacillus described by him, it is probable that some other observer may discover a characteristic element remaining fertile after several cultures.

What remains demonstrated, and has even been admitted by M. Jules Guerin, is the transmissibility of the malady, or, in other words, its contagiousness, a fact established by a number of well-authenticated observations.

But if, as has been admitted, cholera is transmissible from the sick to those in health, it is no less proven that the elements of contagion are contained in the choleraic dejections; that is, in products elaborated in the intestine, rich in infectious germs, and, whether or not the doctrine of Pettenkofer be admitted, susceptible of reproduction in the soil where such dejections are deposited. After such reproduction, these germs indubitably acquire greater virulence and transmit through drinking water and by means of alimentary products, on which they may be deposited.

If the truth of these assertions be recognized, it appears difficult to admit any points of resemblance between this very grave epidemic disease and the cases of sporadic cholera or cholera morbus which occur during the hot months. M. Ernest Besnier has presented a very clear expose of this part of the subject.

At a clinical point of view, cholera morbus, or cholera nostras, as it is sometimes called, may present, in certain very exceptional cases, some analogy with Asiatic cholera; but it never kills, within a short period of time a large number of individuals, as does the other. From 1875 to 1883 it caused but one hundred and twenty deaths at Paris out of a population of two million and three hundred thousand; that is, only about fourteen each year. Again, this summer cholera attacks at the same time many cities more or less distant from each other: it does not invade successively one city after another where individuals have arrived, in apparent health, from the city first affected.

Epidemic cholera breaks out suddenly in a city after the arrival of a vessel from an infected port, or soon after the introduction of germs imported by individuals coming from a city already attacked by the epidemic.

Epidemic cholera, causing in a short space of time numerous deaths, has never been spontaneously developed in a city far from the seaboard, like Paris, Vienna or Berlin. In every epidemic the malady has raged for a certain length of time in the seaports before appearing in these central cities. The fact that the disease seems to appear simultaneously in different parts of the city does not prove that it was not originally the result of contagion.

As regards the present epidemic, the cholera which first took root in one quarter of Toulon (La Division) did not appear at Marseilles until after the arrival in the latter city of individuals emigrating from Toulon, and at the commencement of the epidemic the first cases were traced to two places from which they originally started. The same observation was often made in anterior epidemics. It will suffice to prove this to read the instructive memoir contributed by M. Jules Worms to the Gazette Hebdoma-

daire in 1865. But, even when the direct filiation of all the cases related cannot be established, a few negative cases will not suffice to offset the great number of positive facts which demonstrate that the epidemics follow one on the other, and that it was possible in 1865, as in the preceding epidemics in 1822, in 1830 and in 1846, to follow, step by step, the progress and extension of cholera.

M. Jules Guerin has very ably attempted to demonstrate that cholera is often developed spontaneously in the large cities, where it appears in the same manner as summer cholera; but, if he considers the history of anterior epidemics, he will find it difficult to escape the fact that their course and importation from city to city has been distinctly traced; and if he recognizes this extension as occurring in any one epidemic from one place to another, how can he reconcile this fact with the doctrine he has attempted to demonstrate of the identity of epidemic cholera with the cholera morbus of the hot months.

We repeat what we have already said regarding the very rapid progress of the disease which has swept away so many victims at Toulon and Marseilles. "If it be admitted that the choleraic germ is developed in the intestines and transmitted by the dejections, it can be very readily understood how different quarters of the same city may appear to become infected at the same moment. It is generally admitted that at the debut of the epidemic some of the individuals affected are at first, during the period of prodromic or premonitory diarrhœa, able to be about and attend to their usual occupations. By such patients several quarters of a city might be almost simultaneously infected through the water-closets and sewers into which their choleraic discharges find their way. Another source of rapid spread of the disease would be by provisions coming from infected houses.

"If it be necessary to reject, in part, the telluric theory advanced by Pettenkofer, as it explains neither the epidemics developed on board ships nor the transmission of cholera by clothing and merchandise, still he may be in the right when he asserts that the choleraic germ, in order to become noxious and infectious, has to undergo certain transformations similar to those observed in animals of alternating generations. This doctrine, if true, would explain why direct inoculation of the disease has been attempted in vain. It explains, also, the sterility of the germs collected by Koch and cultivated in liquids, perhaps unfavorable to this transformation."

Perhaps this theory would account for the fact that the cholera seems to disappear in Provence and in Italy without attacking the large cities, which are better cared for, at a hygienic point of view, and therefore do not offer a soil so favorable for the production and propagation of the infectious germs.

We have already remarked, when citing the proportion of deaths in anterior epidemics, that, like most exotic diseases, which seem to gradually become extinguished in places which have been several times attacked, cholera diminishes in gravity. The epidemic of 1873, which was certainly imported from without, disappeared after attacking several cities of Normandy and Paris, where it

caused but eight hundred and fifty-five deaths. It is to be hoped that such may be the case for the present epidemic. That the disease has not already attaeked Paris and other northern cities, notwithstanding the numerous ways of communication and the absence of propyplactic measures, must undoubtedly be due to the vastly improved hygienic conditions in all the large towns.—*Med. and Surg. Rep.*

QUASSIA AS A CURE FOR CHOLERA.

BY HENRY B. EVANS, M.D. LOND., PICTON, ONTARIO.

I think it was about the year 1860 a formidable epidemic of cholera broke out in Bengal. All the public works were stopped, and amongst others the building of the Inuma bridge over the Ganges, and it was here that the demonstration of this simple, but wonderful cure for cholera took place. When all remedies seemed to fail, and the number of deaths to be daily on the increase, it was determined to try an empirical remedy (where or how it arose is not known), which was done with astonishing success. In ten days one hundred and forty-four patients had succumbed to the disease, and it yet increased in pace and destructiveness The superintendent of the works determined to try the "quassia remedy," as it was called, and he was most successful. The medicine not only acted as a cure, but also as a preventive. Twenty-four cases (bad ones), which were inoculated after the patients had been attacked, recovered. More than six hundred coolies were inoculated and escaped the disease, although remaining in the infected district, and not a death took place within a week.

The plan of treatment is very simple: Make an incision in the left arm, until the appearance of blood; then drop into the cut four to five drops of the tincture of quassia. So soon as the blood coagulates bind the wound up with a strip of cloth and keep it moist. The patients were allowed only cold water and sherbet to drink. Sometimes a *mussuck* of cold water was thrown over the body and head, for the medicine is found to cause extraordinary heat in the body, and this refreshed the patients much. The treatment was endorsed by reliable journals, as the Allahabad Gazette and the Northwest Gazette. How is this? Did some simple Hindoo stumble on an apology for the hypodermic syringe of late years? Did he, in a rough way, anticipate the discovery of Koch, and send his antidote right into the blood,* to strangle the cholera microbes in their element? There is something strange, too, about this simple drug. It is strongly antiseptic. An infusion of it will keep longer than that of any other vegetable. Discovered by Quassia, a negro, in the West Indies, as a cure for the fevers of that climate, and named after him, it seems deserving of a more

*Unfortunately for this supposition, cholera microbes have not yet been discovered in the blood. Koch declares emphatically that they do not enter the blood, and that they cause their effects through local action on the intestinal mucous surface.—ED. THER. GAZETTE.

extended notice. A cup made of this wood retains the property of rendering water bitter in it by immediate contact, and we know that it is a fatal fly poison. I write this to the Gazette, knowing that it has an earnest and diligent array of readers, who, I am sure, if an opportunity offers, will investigate the action of this medicine in cholera and other kindred diseases, where it may be equally useful, both as a cure and prophylactic.—*Therapeutic Gazette.*

THE GREELY EXPEDITION AND ANTHROPOPHAGY.

The story of the sufferings of the members of the Greely Arctic expedition is now known to the world, and shows a depth of privation that is astounding even to those familiar with expeditions to the frozen zone. The tale of woe is, it is hoped, ended with the seemingly undeniable proof that the survivors were compelled to sustain life by feeding on the remains of their unfortunate comrades, who could not resist the combined foes of extreme cold and hunger.

The Medical Record has had a private interview with Lieutenant Greely, and publishes some interesting observations on the length of time an inhabitant of the temperate zone can live in the Arctic regions. Lieutenant Greely ascertained that such people can live in the land of winter for a number of years if they be in good physical condition, but found that there was a marked limit to their powers of endurance. For a long time the system seems able to withstand the rigors of the climate, but a decided decrease in nervous and muscular energy, and in the calorigenous process, is noticed at the end of the first year. The second winter was found harder than the first, the favorable point being that the experience of the previous winter enabled them to better husband their resources. The third winter was still harder to bear: there was a loss of muscular tone, less vital reaction, and rheumatisms were frequent. Lieutenant Greely doubted if his men could have lived five years in the climate, even with the best that could be provided in the way of food and shelter. He thinks they would, however, be alive to-day had the supply of food been maintained. The party found that the breathing of such cold air quickened the heart's action, and the respiratory, assimilative and digestive processes. It seemed to have something of the effect of breathing pure oxygen. No such thing as pulmonary troubles were known; nor were any of the party even bothered with catarrh.

So much for Lieutenant Greely's observations. They speak for themselves, and it is easy for the intelligent reader to draw his own deductions.

The point that chiefly interests the public, professional and lay, is that of cannibalism: was, or was it not resorted to, and if so, was it excusable on the part of the survivors? There can be little doubt in the mind of any one who has followed the daily newspaper reports of the details relating to this part of the affair that the flesh of the dead was, toward the last, the sole sustenance of t

the few who lived to return to their homes. The ravings of the half-crazed men when first rescued, the partial stories of sailors of the relief ships, and the revelations made at the post mortem examination of Lieutenant Kislingbury and others, would establish the fact in the mind of any one. A conclusive point was the finding of epidermis in the stomachs of some of the dead. While a mistake might be made, and easily, in attempting to decide whether a specimen of muscular tissue was or was not human, it would not be so difficult to tell that a piece of skin belonged to a man. There can, then, be no doubt that some of the rescued members of the Greely expedition practiced anthropophagy.

Were they justified in so doing? It is very easy for a man who sits in his parlor after a hearty dinner, smoking a soothing cigar or pipe, to shudder when the question is asked, and say under no circumstances would a human being be justified in feeding on the flesh of one of his kind; but the question would present itself in another aspect to the man who had spent nearly three years in a dreary and desolate land of ice and snow; who had been for months without the food proper to sustain the vital energies so heavily drawn upon; who was feeling the pangs of slow starvation and saw a miserable death staring him in the face; who felt life was dear in what the future might hold if he should be rescued. To such a man, desperate and with blunted intellect, the matter of keeping alive by eating the flesh of the dead companions, who are not injured by the act, does not, can not seem so horrible. Let any man imagine himself in such straits as were these few survivors of the expedition, and say that he, under similar circumstances, would not have taken the same means of fighting death that these men did.

The natural rebellion of the feelings against the suggestion of anthropophagy is calculated to drive a scientific estimate of the nutritive value of human flesh quite out of the question in any consideration of the subject which the horrors of the Greely expedition may incite. And yet the unspeakable sufferings of the party and the straits to which they were driven but tend to force the scientific features of the case, divested of all sentimentality, upon the attention of the medical profession particularly. What has occurred may occur again, and it may be necessary for men to eat the dead of their kind again to preserve themselves from a miserable death. In such a case it would be unfortunate, to say the least, should false notions of the food-property of such flesh deter them from resorting to it in the hour of their dire extremity. It is popularly supposed, and the belief is perhaps not confined to the laity, that human flesh is inherently poisonous in its nature. The experience of the Greely party, however, sustains the only conclusions deducible from physiologial investigations of this matter, viz: that this popular belief is erroneous. The secretions of the human animal are not so essentially different in their nature from those of inferior animals as to preclude experiments on the latter from being made the basis of even therapeutical deductions in the case of man. The milk of the woman differs only from that of the cow in the matter of a constituent which adapts it

more fully to the digestive capacity of the child, and there is no sufficient reason for the assumption that human flesh differs any more in its properties from that of inferior animals than that its secretions are essentially different. It is nitrogenous food of the most perfect order, and, probably, could it be obtained under as favorable conditions as obtains in the case of the flesh which is sold in the shambles its taste would in no respect be different from that of the latter.

It is unfortunate that men should, either through their own voluntary foolhardy undertakings or through the vicissitudes of legitimate enterprise, be reduced to a condition of starvation; but, this condition having been reached, the question of eating the flesh of their kind becomes an ethical, and not a scientific one.—*Medical Age.*

SOME NOTES ON MEDICAL JURISPRUDENCE.

BY JAMES A. RILEY, ESQ., NEW YORK.

The question of expert evidence is a vexed one, and much has been, and much can be, said both in favor of and against the methods now in use in the courts for securing testimony of this character. A good many of the thinkers on this subject are of the opinion that the experts should be called by the court for its own information and that of the jury, instead of by one side to bolster up its own case, in which event bias is always possible, and generally probable. A curious instance of the extent to which the testimony of physicians is sought in some cases comes to us from a Michigan court, and the great interest of the matter consists in the attempt to get medical evidence, not as to the effects of wounds or disease, but as to the results upon the health of words spoken. The case was that of a person threatened with expulsion from a railroad train for using part of an excursion ticket, the other part being detached. The passenger claimed that the words and threats of the conductor affected his health, and called a physician on the trial who testified to that effect. This was regarded as an error when the case came upon appeal, and the court commented as follows upon the proposition to allow medical testimony as to the effect of mere words upon the health: "The medical evidence which was given in the case respecting the alleged assault upon the plaintiff's health seems to call for some comment. As the assault was a battery only in a technical sense, and there was no pretence of injury except such as might come from mere words—from the mere expression on the part of the conductor of a determination to put the plaintiff off the car unless he paid his fare—the proposition that it was proper to call expert witnesses to show the possibility of injurious consequences from such words to the plaintiff's health is suggestive of possibilities in the trial of cases which the trial judge may well contemplate with some solicitude. If expert evidence of the sort were admissible in this case, it is difficult to conceive of a case of assault and battery or of any other

case in which vexing or provoking words are made use of where the expert witness may not become an important factor in determining the result." The decision of the court did not hold directly that the testimony as to the effect of words spoken upon the health was improper, though this was the inference; but it was decided that, if such testimony were to be admitted, other testimony, showing the passenger's weak condition of body, should be taken as proof that the words of the conductor were not entirely the cause of his sickness.

A recent case in New Hampshire brought up the question of the power of a health board to employ nurses for the proper care of persons afflicted with contagious diseases who were committed by the authorities to a pest-house, and to charge the town for such services. The court held that they had the authority to bind the town, and gave an interesting opinion, as follows: "Having power to compel the confinement of infective persons and prevent their communication with others, and having exercised that power, it became their duty to provide for the wants of those confined there. They could not shut them out from communication with their friends and with the world and deprive them of any means of obtaining assistance, and at the same time lawfully withhold necessary support and care. They could not establish a hospital without ordinary hospital accommodations, and they could not make the hospital a place of involuntary confinement and escape the duty of supplying the reasonable wants of those who, by confinement and seclusion, were prevented from applying to any one else for relief. They could not furnish relief against the will of those confined, and afterward recover the expense of them or of those liable in law to support them. Farmington *v.* Jones, 36 N. H., 271. If the health officers were obliged by law to confine persons infected with dangerous diseases, and it was their duty to nurse and support them, and they could not recover the reasonable expense from them or from their guardians, they would be remediless unless they could charge the expense upon the city. The law does not require the performance of a duty and at the same time withhold the means reasonably necessary for its performance."

The power to abate nuisances is frequently exercised by courts at the instance of health boards, and the latter are particularly active now in these times, when there is danger of cholera in every sea-board city and town. A recent instance of such activity was shown in the application made in an English case to oblige a railroad company to remove its cattle yards from a place where they were alleged to be injurious to health, and this the court directed to be done.

In a case not long since before one of the English courts, a person sued a surgeon for negligence in allowing him to suck a tube used in the operation of tracheotomy on his child for diphtheria, without warning him of the danger, with the result that the father contracted diphtheria. The result of the suit was, however, in favor of the surgeon.

A curious problem is now before an English court, viz, to decide whether a man can give away his head after it has become what one of the papers styles a dead-head. It seems that a person who had no sentimental notions about the disposal of his body after death sold his head to the village physician, who was to defray the expenses of the funeral of the rest of his body. The owner of the head is now dead, and the physician claims that the contract shall be carried out by the relatives of the deceased. As there is a large estate, the family are desirous of avoiding the contract, and the court has to decide which has the better claim.—*Med. Times.*

TREATMENT OF PILES BY INJECTIONS.

BY ISRAEL B. WASHBURN, M.D., OF RENSSELAER, INDIANA.

There are few diseases that afflict humanity more painful or more common than piles. They are easily diagnosed, and may be treated with little pain, great success, and the smallest possible per cent. of danger.

Notwithstanding this fact, the disease is illy understood and has been harshly and empirically treated to a degree that has so disgusted those afflicted that it is almost impossible to make them believe that we now have a treatment that is almost painless and yet a certain cure, perhaps not at the first operation but in time.

I am awaie that a majority of writers contend that piles are enlargements of the hemorrhoidal veins. Can they not be mistaken? Are they not rather an inflammation of the connective tissue? I suggest this on the authority of one who studied the disease thoroughly.

I started out to give the treatment. The physician will need an anal speculum. The one I use is a bivalve-hinge, sold by John Reynders & Co., and is marked "Collin & Co" It is simple, readily introduced, exposes about one-fourth of the rectal circumference at a single expansion, and is not very uncomfortable to the patient.

There are other instruments that may be used, but I like the one above mentioned.

In using the speculum, the patient, if a lady, may be placed on either side; if a man, on either side or back, the thighs closed, flexed upon the abdomen. If the tumors are very large or tender, it is necessary to inject two or three drachms of olive oil into the rectum to aid the introduction of the instrument. For that purpose, a No. 1 hard rubber female syringe is the best instrument. The instrument should then be oiled with olive oil, or what I consider better is petrolatum or lard. The speculum should be introduced very gently, and as far as possible before dilating it. In dilating the rectum with the hinged instrument it is generally necessary, after dilating the bowel one-half, to allow the instrument to partly close in order that the tumor, if there be one, may drop into the field and show well. If the hemorrhoidal tumors are protruding, they should always be returned, if possible, within

the bowel before introducing the speculum and especially before treatment, even if the patient has to take an anæsthetic before they can be put back. Return them first.

If necessary to examine all quarters of the rectum, the speculum must be re-introduced each time the operator desires to examine the anterior, posterior or lateral walls. In withdrawing the instrument it should only be partly closed, or it may catch and pull down a tumor, much to the discomfort of a patient.

Allingham, in his work on Diseases of the Rectum, p. 90, quotes Dr. Matthews, of Louisville, Ky., to prove the operation by the injection of carbolic acid into a pile painful, inefficient, and that death is to be feared from peritonitis, embolism and pyæmia.

I have used, seen used, and known of the use of the acid in scores of cases, with no serious results following.

The principal cause of accidents alluded to by writers is the use of too strong a preparation of the acid.

If I wish to slough out a tumor, I use but one part of the acid to two of sperm oil. If to remove it by absorption, I use one to four.

The operator must not inject a syringefull, but must be governed by whether his patient is easily given pain or not. If he is of nervous temperament, five, ten or fifteen drops will be as much as he can bear, and the operation may have to be repeated two or three times before complete removal of the tumor. In order to prepare the remedy so that the acid and oil will not separate, I dissolve the acid by heat, measure the acid and oil in a minim glass, mixing both in a vial, then place the vial in a vessel containing water and bring the water to about the boiling point, after which they will not separate.

I use a hypodermic syringe with a two-drachm barrel, with a needle about three inches long. In order that the needle be strong, the first two inches should be large with an ordinary hypodermic needle point soldered upon it. The piston should be graduated so the tap on the piston may be fixed at a point when the operator will know just how many drops of the preparation would be used in an operation.

If the patient is very nervous, weak, or easily given pain, six to ten drops of the strongest preparation will be a large dose, while the same amount of the weakest would be all that it would be necessary to use.

When everything is ready for an operation, the syringe loaded, patient in position with tumor exposed, the needle should be inserted so that the fluid would be deposited as near the center of the tumor as possible.

The prick of the needle will pain some more than others. While one man will say he scarcely feels it, another will cry out; but that should not disconcert the operator—the remedy must be inserted in the right place, or it will fail in accomplishing the desired result.

The acid will cause some inflammation and discomfort in some cases, but generally the patient can get up and go about his business.

It is best that the bowels be thoroughly moved and washed out with water, so that they will not move for about twenty-four hours. If the patient is nervous, and the operation gives pain, a dose of morphia might be given in order to allay pain and keep the bowels quiet the desired length of time.

But one tumor, especially if large, should be treated at once. If there are several tumors, one treatment every two weeks will soon cure them.

The above is called the "painless method" by traveling doctors, who are making large fees out of it in this and adjoining States.—*Med. and Surg. Rep.*

PILOCARPINE IN THE TREATMENT OF ASCITES CAUSED BY DISEASE OF THE LIVER.

Ascites, caused by cirrhosis of the liver, has not been very amenable to treatment up to this time. Most clinicians have, therefore, come to the conclusion that paracentesis was the only resort. Drastics and diuretics had to be abandoned as inefficient, and, in fact, there seemed to be little hope left for this class of sufferers. Harley and Roberts claim that repeated paracentesis promises good results, while, on the other hand, there are those who have never accomplished anything by puncture. Mackenzie reports two cases as cured by means of flannel bandages tightly wrapped around the abdomen. Siegnit combines with the bandaging faradization of the abdominal muscles. From all the different reported cures one can readily understand that the therapy of ascites, caused by disease of the liver, has been quite unsatisfactory, and most of the cases have been treated on the expectant plan.

During the year of 1880 the author treated a case of this kind by all the remedies that have been recommended in the books without any results. Finally paracentesis was resorted to, but with each operation matters got worse and the quantity of liquid steadily increased. It occurred to him to administer pilocarpine immediately after an operation, to prevent or give other course to the serous exudation that, each time, was emptied into the peritoneal cavity. The patient received twice daily 0.015 (gr. $\frac{1}{4}$) of pilocarpine for six consecutive days with the effect of causing profuse diaphoresis and discharge from the salivary glands. Stimulants (whisky, 60 grammes [℥ ij]) were given the patient to counteract the weakening action of this medication. From the administration of the first dose the ascites diminished, and the patient was finally discharged from the hospital as cured. Three months later the patient was examined, but did not discover a symptom indicating disease of the liver or ascites.

Another case the author treated in conjunction with Dr. Haas. The diagnosis was an enormous ascites caused by cirrhosis of the liver. The swelling was so great that it caused dyspnœa, for the relief of which paracentesis was made a few times and 20 to 30 liters (5 to 8 gals.) fluid removed. The effect was not lasting. Finally respirations ran 38 and the pulse 118 per minute. The

urinary secretion was entirely suppressed. After a consultation it was concluded to employ large doses of pilocarpine, since the case seemed hopeless. The patient received twice daily 0.01 gramme (gr. ⅙) of pilocarpine in a large dose of whisky, besides some solid food. The drug did not seem to act so favorably in this case, diaphoresis being very scanty. Two weeks later, after another puncture, the dose of pilocarpine was increased to 0.02 (gr. ⅓) and followed by a large quantity of whisky, with the result of causing profuse sweating. Pulv. jalap, with tart. depuratus, was given in conjunction for the obstipation. The patient gradually recovered, when he was discharged, and he was as healthy as before.

If the good results obtained in these two cases do not indicate much, they may cause other observers to try the pilocarpine treatment. Paracentesis often does not only do no good, but seems to do harm. Both of these patients were very much weakened, and it seems almost incredible that they could tolerate 0.02 grammes (gr. ⅓) of pilocarpine twice a day, but possibly the large doses of stimulants given shortly after did much to obviate the depressing effects of the pilocarpine drug.—*Mittheilungen des Vereins der Aerzte.—Ther. Gaz.*

CELLOIDIN AS AN EMBEDDING MASS

BY DR BOERNE BETTMAN, CHICAGO.

Read before the State Microscopical Society, June 13, 1884.

Not very long ago I exhibited to the members of this society an improved microtome and samples of embedding masses. Since then I have had occasion to employ a preparation but lately made known to the scientific world, which surpasses in every respect those heretofore in vogue. This preparation is known as Celloidin mass.

Celloidin is the purest gun cotton or pyroxylin. It is manufactured by Mr. G. Schering, of Berlin. He has succeeded in making, by a patented method, an article free from all precipitating organic substances, which, in distinction from all other gun cotton, he calls by this name. Its use in the form of gelatinous plates is, according to the manufacturer's statements, free from danger, it being inexplosive. The mass in question was first employed by Prof. Otto Becker, of Heidelberg, who pays a high tribute to its excellent qualities in his classical work, "The Pathology of the Lens."

It is prepared in the following manner: Take of alcohol and sulphuric ether equal parts, mix and add sufficient celloidin to form a jelly-like substance. The preparation must be kept in an air-tight vessel. The specimen to be embedded should have undergone the usual hardening process, in Muller's fluid and alcohol; it is then stained in bulk by carmine, hæmatoxylin, or any other tincture. After having taken up sufficient coloring matter, which is usually accomplished in twenty-four hours, the specimen should be thoroughly cleansed by immersing it in running water. Then

it is placed in absolute alcohol twenty-four hours longer. It is now ready for the celloidin bath, where it is permitted to remain at least twenty-four hours, in order that the mass may permeate the tissues thoroughly. If the cover of the jar containing the embedding mass is a close fitting one, preventing the evaporation of the ether and alcohol, the specimen may remain for an indefinite period.

The final step is the pasting of the preparation on a cork. A few moments exposure to the air will suffice to fasten the specimen sufficiently firmly to allow of its immersion in methylated spirit, sp. gr. 82. It should be exposed to the hardening action of alcohol from fifteen to twenty-four hours before being cut.

In the majority of cases it is desirable to mount the section encased in the celloidin. This necessitates a slight deviation from the course ordinarily pursued. Oleum origanum, or bergamot oil, must be substituted for clove oil. Bergamot oil is preferable to the former. If origanum oil be employed the preparation should be transported rapidly. An exposure longer than one minute to this oil will produce visible changes in the celloidin: it becomes cloudy, and impairs the value of the cut. In other respects the method of treating the sections is the usual one.

A few moments exposure to clove oil dissolves the mass.

The advantages of this preparation over others are manifold. The material employed is clean: experience forms no factor in its preparation, which is facile and rapid. It permeates the tissues thoroughly, and fixes the various parts in position, thus preserving their relationship. It is perfectly transparent, amorphous, and, since the preparation to be embedded can be stained beforehand, it remains invisible to the eye, and does not detract from the usefulness and appearance of the section.—*Chicago Med. Jour.*

Bichloride of Mercury.—Dr. Curtiss says (in St. Louis Med. Rec.): I think this preparation of mercury comes the nearest to being a germitoxic that will kill germs without killing the patient of anything known at the present time. When the germs can be reached locally the drug is practically a scientific "cure" of the disease which may be caused by the germs. I think, also, that the old idea of the benefits of mercury in disease by defibrinating the blood, or modifying plastic exudation, is an error. Beyond a doubt most of the inflammatory diseases are germ diseases, and the plastic exudates are products of the action of germs upon the tissues—they are physiological products, just in the same sense that gall nuts and ergot are plastic exudates and pathological products; and mercury does not cure such things so much by its action upon the tissues as by its action upon the germs.

Relating to dosage, I give children from one-ninetieth to one-fortieth of a grain every four hours for scarlatina or diphtheria. I have never seen salivation, but I have never been obliged to continue the medicine more than three or four days, and, as I have said, there is no danger from cosmoline ointments, made for local use.

ABSTRACTS AND GLEANINGS.

Vaccine Virus Efficacious Without the Production of Cutaneous Manifestations—(*Rev. mens. des Mal. de l' E.*): The usual supposition is that vaccination has been ineffective if, after several days, the characteristic pustules do not appear. That this is not always the case appears from the experience of the author of this paper. He vaccinated, upon the same day, five infants from three to five months of age with virus from a young heifer, obtained fresh a few hours before it was used. In two cases the vaccination took unmistakably. In a third, after a few days, there was swelling and also pain at the point of vaccination puncture—the operation having been performed by thrusting a cannulated needle, charged with the virus, into the muscular tissue of the arm. An abscess was supposed to be imminent, and treatment proper for such a condition was adopted, but no abscess resulted. In the fourth case swelling was also noticed at the points of puncture ten days after the operation. In the fifth case there was also slight local swelling. After ten days there remained of the swelling, in these three cases (which alone are of interest in this connection), nothing but a few small nodosities, which, however, could be plainly felt, either in the fatty or the muscular tissue. Traces of them remained for more than six weeks. While they were yet plainly perceptible, revaccination was practiced, with all possible precautions, in both arms in each case. Results: In one, redness and swelling in thirty-six hours in both arms, an evidence of the so-called false vaccination, which is a local manifestation that the patient is still protected by an antecedent vaccination. In the other two cases no result was perceptible. A third vaccination was performed upon one of them, false vaccination resulting. These facts, together with the circumstance that similar ones have been observed in the inoculation of sheep, lead to the belief that the vaccinal pustule is not a necessary consequence in order to effectual vaccination; in other words, that some people can acquire the protection afforded by vaccine without the customary eruption. It is also undoubtedly true that there are people who are especially rebellious to the influence of vaccine, and still others with whom the period of incubation may be protracted through two, three, or even four weeks, but these statements do not militate against the former ones, which are substantiated by that most convincing agency, personal experience.—*Archives of Pediatrics.*

On Opening and Drainage of Abscess Cavities in the Brain.—The antiseptic method of operating and after-treatment has not, as yet, been fully tested in operations upon the brain. This is natural, for not only have we inherited a just dread of dealing with an organ, the large majority of whose diseases are dangerous or fatal, but our knowledge of the physiological functions of the brain and of their pathological modifications being extremely lim-

ited, we are not in a position to form such an accurate diagnosis as calls for surgical interference. Drs. Christian Fenger and E. W. Lee, of Chicago, in an extremely interesting paper on this subject in the July number of The American Journal of the Medical Sciences, consider the treatment of traumatic cerebral abscess, and report a case which was successfully treated by opening and drainage.

Bergman, in discussing the treatment of cerebral abscess, unhesitatingly sets it down as an axiom that wherever there is an accumulation of pus, trephining is most clearly and indubitably indicated, for the opening of an abscess in the brain is as necessary as in any other part of the body, and, we would add, even more so. A correct diagnosis of abscess having been made, the further difficulty presents itself of locating it with sufficient accuracy, so as to be able to find it. A number of cases are on record in which a correct diagnosis had been made, the trephine also put on more or less at the right place, and the knife or trocar being passed into the brain, nevertheless missed the abscess. Drs. Fenger and Lee show by their case that this difficulty can be obviated by multiple exploratory aspirations, performed at interstices sufficiently small to prevent any abscess from escaping detection, even if the trephine opening should not have been made at the point of the skull nearest the abscess.

There are on record a large number of cases of cerebral abscess in which trephining was performed, pus evacuated and temporary relief obtained; but later relapse followed and a fatal termination ensued. It is possible, judging from the success the practice has met with in the treatment of abscesses in other situations, that drainage of the cerebral abscess-cavity, with or without washing out, would have saved some of these cases by preventing the reaccumulation of pus and the continuous infection of the surrounding brain tissue, the acute œdema of which is well known to be, as a rule, the final cause of death. As far as Drs. Fenger and Lee are aware, draining and washing out of cerebral abscess-cavities has heretofore not been tried; that it can be effected, and without any detriment to the patient, is shown by their case, the treatment of which, they hold, strictly conforms to the rational methods of modern surgery in treating abscesses in general; and because of this, and not because their patient recovered, they regard the case as answering affirmatively the question: Is it probable that abscesses of the brain can be treated advantageously on the same principles as abscesses in other parts of the body?—*Med. Age.*

The Castration of Women.—Dr. Wilhelm Tauffer, of Buda-Pesth, gives, in the Zeitschrift fur Geburts hulfe und Gynakologie, an account of twelve cases of this operation performed by himself, and then presents the followiug conclusions (Medical Times):

1. Castration is an operation which, with proper care, is not attended with any great risk, the unavoidable mortality being now less than 10 per cent.

2. The operation should be performed with antiseptic precautions and under carbolic spray; the abdominal cavity should be

closed; drainage is only exceptionally required.

3. The limitation that castration is not called for when the climacteric is near can only be conditionally accepted, because the age at which the climacteric occurs is very different in different individuals, and cannot be foretold.

4. The condition laid down by Hezar, that the ovaries should be distinctly felt before their extirpation is attempted, is an impracticable one.

5. Both ovaries should be removed, even if the disease be limited to one; excepting in cases where special circumstances make it desirable to leave behind the apparently healthy ovary. The reason for removing both ovaries is, that the remaining gland has a tendency to become diseased in the same way as its fellow.

6. It is generally desirable to remove the tubes as well as the ovaries; and it is unconditionally necessary if there be the slightest appearance of disease in them.

7. Hystero-epilepsy is curable by castration.

8. The symptoms grouped together under the name of hysteria, when rightly analyzed, can often be traced back to ovarian disease.

9. The question as to the influence upon uterine fibroids of the ligature of large nutrient-vessels going to them, without castration, is worth consideration.

10. With regard to prognosis, it is important to remember that the menopause only follows immediately upon the operation in those cases in which the neighboring organs are not diseased; but all inflammatory conditions of them delay the climacteric.

11. The final result of castration can only be determined after the lapse of months.

12. It must be regarded as an open question how far diseases of the female sexual organs influence the development of certain psychoses.

13. So must the question whether such psychoses are curable by castration.

14. In the interest of unity and comparison of observations, it is desirable that the classification of cases (suitable for this operation) adopted by Hezar should be generally accepted.—*Journal Amer. Med. Assoc'n.*

Hot Water and Inflamed Mucous Surfaces.—Dr. George R. Shepard, Hartford, Conn., says (in the Medical Record): "I have used hot water as a gargle for the past six or eight years, having been led to do so from seeing its beneficial effects in gynecology. In acute pharyngitis and tonsillitis, if properly used at the commencement of the attack, it constitutes one of our most effective remedies, being frequently promptly curative. If used later in the disease, or in chronic cases, it is always beneficial, though, perhaps, not so immediately curative. To be of service it should be used in considerable quantity (a half pint or pint) at a time, and just as hot as the throat will tolerate. I have seen many cases of acute disease thus aborted, and can commend the method with great confidence. I believe it may be taken as an

established fact that, in the treatment of inflammations generally, and those of the mucous membrane in particular, moist heat is of service, and in most cases hot water is preferable to steam. All are familiar with its use in ophthalmia and conjunctivitis, as also in inflammation of the external and middle ear, and I feel confident that those who employ it for that most annoying of all slight troubles to prescribe for, viz: a cold in the head, or acute coryza, will seldom think of using the irritating drugs mentioned in the books, nor of inducing complete anæsthesia with chloroform in preference to the hot water douche. It is important to recollect, however, that, to be effective in this disease, it must be employed in the first stage of hyperæmia. Nor is the urethral mucous membrane any exception to the general rule. Cases of urethritis and gonorrhœa are benefitted or cured by its use when applied to the commencement of the inflammation. In the cure of gleet, I know of no other agent so often serviceable. Where there is stricture, almost any case of gleet will yield in a short time to the use of the hot water douche followed by mild astringents. Keep in mind the principle of its curative action, viz: the removal of hyperæmia, and the local sedative influence, and there will be found few cases of inflammation of mucous membranes where it will not, at some state of the disease, promote a cure.—*Weekly Med. Review.*

Glycerine as a Remedy in Indigestion.—The editor of the Medical Index has found the exhibition of glycerine to be attended with satisfactory results in two forms of indigestion, particulary. First, in that form of irritative dyspepsia which is the common result of rapid eating and imperfect mastication. The usual symptom in such cases is distress coming on half an hour or an hour after meals. There is, also, duodenal catarrh and dyspepsia, with, perhaps, slight jaundice and other symptoms, referable to, and explained by the irritated mucous membrane of the stomach and duodenum. The indications in such cases are well-defined. The food must be prevented from undergoing mischievous chemical changes before it can be acted upon by the enfeebled digestive organs, and a remedy must be given which shall exert a local soothing effect upon the irritated mucous surface. Glycerine, theoretically, from its preserving and emollient properties, fulfills these indications, and in practice our contemporary has not been disappointed in its use.

A somewhat similar condition to the above is met with among children shortly after birth, after a trial of feeding them solid food has been followed by colic and soothing syrup. In such cases the child is apt to have greenish discharges, occasionally specked with blood. Glycerine will be found an admirable remedy in these cases.—*Ther. Gaz.*

Tyndall's Theory of Explaining the Immunity Obtained against a Second Attack of Contagious Disease.—Professor Tyndall, in the Pall Mall Gazette, discusses the above subject in the following ingenious manner: "One of the most extraordinary and unaccountable experiences in medicine was the immunity

secured by a single attack of a communicable disease against future attacks of the same kind. Smallpox, typhoid or scarlatina, for example, was found, as a general rule, to occur only once in the lifetime of the individual, the successful passage through the disorder apparently rendering the body invulnerable. Reasoning from analogy, I have ventured to express the opinion that the rarity of second attacks of communicable diseases was due to the removal from the system, by the first parasitic crop, of some ingredient necessary to the growth and propagation of the parasite.

The cultivation of micro-organisms, which is now everywhere carried on, enables us to realize the smallness of the changes which, in many cases, suffice to convert a highly nutritious liquid into one incapable of supporting microscopic life. Various important essays bearing upon this subject have been recently published in the Revue Scientifique. M. Bouley there draws attention to the results obtained by M. Raulin in the cultivation of a microscopic plant named aspergillus niger. The omission of potash from Raulin's liquid suffices to make the product fall to 1-25 of the amount collected when potash is present. The addition of an infinitesimal amount of a substance inimical to the life of a plant is attended with still more striking results. For example, one part in 1,600,000 of nitrate of silver added to the liquid entirely stops the growth of the plant. And now we come to the important application of this fact which has been indicated by M. Duclaux. Supposing the aspergillus to be a human parasite--a living contagium--capable of self-multiplication in the human blood, and of so altering the constitution of that liquid as to produce death; then, the introduction into the blood of a man weighing sixty kilograms of five milligrams of the nitrate of silver would insure, if not the total effacement of this contagium, at all events the neutralization of its power to destroy life. The index finger here points out to us the direction which physiological experiment is likely to take in the future. In anticipation of the assaults of infectious organisms, ths experimenter will try to introduce into the body substances which, though small in amount, shall so affect the blood and tissues as to render them unfit for the development of the contagium. And subsequent to the assault of the parasite he will seek to introduce substances which shall effectually stop its multiplication. There are the strongest grounds for the hope that in the case of infectious diseases generally such protective substance will be found.--*New York Med. Times.*

The Number Seven.—"Six days shalt thou labor and do all thy work, and on the seventh day rest from thy labors." Probably from the day this command was first uttered there has attached to the number seven something of mystic virtue. In our day there is a very popular belief that "things go by sevens," and the seventh son of a seventh son is believed by a very large proportion of the people, as we find them, to be vested with some power to heal which is not vouchsafed to the general run of mortals, no matter how they may seek to prepare themselves by improving all the advantages of the present "advanced standard of medical ed-

ucation." Hippocrates believed there was "luck in sevens," and he, like Shakespeare, divided the life of man into seven stages, holding that the number seven is the fountain of all the changes in life. For instance, the teeth appear in the seventh month or sooner, and are shed and renewed in the seventh year, when infancy is fully changed into childhood. At twice seven years puberty begins. At three times seven the adolescent faculties are developed, manhood commences, and men become legally competent to complete civil acts. At four times seven man is in full possession of all his strength. At five times seven he is fitted for all the business of the world. At six times seven he becomes wise, if ever. At seven times seven he is in his apogee, and from that time decays. At eight times seven he is in his first climacteric. At nine times seven he is in his last or grand climacteric, and at ten times seven he has approached the normal period of life.

There are some remarkable septenary coincidences in the discharge of physiological functions, and in disease processes. The human female menstruates in four times seven days, and in forty times seven days she gives birth to her child. The period of gestation in animals is, in many, if not in all instances, a multiple of seven. In the dog it is nine times seven days; in the cat, eight times seven; in the fox, six times seven. The common hen sits on her eggs three times seven days; the duck and goose four times seven; the crow, three times seven; the swan, six times seven; the peacock, four times seven; the canary and pigeon, twice seven. Bees hatch out in three times seven days. Fever and ague has a tendency to terminate spontaneously after the seventh, fourteenth and twenty-first paroxysms. Relapsing fever is of seven days duration; typhoid fever three times seven days; the incubation of measles twice seven days, and the disease lasts seven days, three of catarrh and four of eruption, before it declines; scarlet fever and erysipelas seven days; smallpox requires twice seven days—from the time of the appearance of the primary fever and the full development of the eruption seven days, and in seven days more the whole crop of pustules has been converted into desiccated scabs.

Truly, there is something wonderful about the number seven.

Bromidia and Morphia in Delirium Tremens.—Dr. J. F. Goldman, Huntsville, Ala., writes:

"CASE I.

"Mr. W. R. W., aged thirty-five, a healthy, strong man, had been drinking hard for a number of days, resulting in delirium tremens. I put him on a sol. of morph. and tr. valerian, one ounce each, tr. verat. vir. (Norwood's) one drachm; teaspoonful every hour till sleep. I then went to bed and to sleep, confidently expecting my patient would do likewise; but in this I was doomed to disappointment. Messenger came early in the morning with the information that my patient had been wild all night and slept none. I then prescribed bromidia, two ounces; sulph. morph., two grains; teaspoonful every hour till sleep. The result was most happy. My patient fell into a sound sleep of some twelve hours

duration, from which he awakened and went at once to his place of business, a well man.

"CASE II.

"J. S., aged forty, strong, muscular and vigorous. Found him treading the border lands of horrors, with every symptom of delirium tremens. I put him at once on the bromidia and morph, treatment, with the same result as in case I—sound sleep and perfect recovery. Since treating the above cases, I have relied implicitly on the bromidia and morph. and have never been disappointed."

Glycerite of Tar.—The omission of this glycerite from the new Pharmacopœia renders desirable a preparation which may be made without difficulty, and that will enable the pharmacist to furnish the various liquid preparations into which tar enters in a cleanly, easy and expeditious manner. The glycerite made by the following formula, being miscible with water in all proportions, and yielding a clear liquid, commends itself to the favorable consideration of pharmacists:

℞ Oil of tar.....f ℥ j,
Alcohol.....f ℥ ij,
Glycerine and water.....f ℥ iv,
Magnesia carbonate.....q. s. or f ℥ vi.

Mix the oil of tar with the alcohol, and rub these thoroughly with the magnesia to a smooth paste; to this add the glycerine and water previously mixed together; put the mixture into a well corked bottle and let it remain for several days, shaking it frequently, then filter through paper.

For preparing syrup of tar, add f ℥ ij of glycerite to f ℥ xiv of syrup.

Tar water may be made very readily by using ℥ ss. of glycerite and water sufficient to make a pint.

Wine of tar may be made by using—

℞ Glycerite of tar.....℥ iij,
Sherry wine.....℥ iv,
Syrup.....℥ ij,
Water enough to make.....Oj.

Tar ointment may be made much more easily and much smoother by using two drachms of oil of tar with six drachms of simple cerate.—*American Journal of Pharmacy.—Eclectic Medical Journal.*

Delirium Tremens.—Some one has said that delirium tremens is a disease which, so far as its symptomatology is concerned, stands upon a tripod, to wit: sleeplessness, delirium, tremor. I would ask you to make it a four-legged stool, and add the fact, one of the most important of all in differential diagnosis, that there is no fever. Sleeplessness, delirium, tremor, apyrexia; by these signs you shall know it.—*Prof. J. T. Whitaker, Cincinnati Lancet and Clinic.*

Ergot in Dysmenorrhœa.—Dr. H. D. McGill (in Southern Practitioner) writes:

"MESSRS. EDITORS: If there is a reader of your valuable journal who has not used ergot in the painful menstruation so common with young females, then he has failed to avail himself of a very valuable remedy. While I am not a very strong believer in specific medicines, yet, if there is such a thing, fl. ext. ergot in one-drop dose, given every hour, has seemed, in my hands, to have a just claim to the title in cases of painful menstruation. (The preparation of Parke, Davis & Co. is the one I have been using.) Two or three doses will generally suffice, and will relieve the distressing headache and backache of the menstrual period, which has produced so many "opium eaters" among the females of the present day. In the same dose, beginning two or three days before the expected catamenial period, it will, in many cases, bring it on, easily and without suffering—proving far more efficacious than preparations of iron or caulophyllin; and I have also found it quite useful in relieving the distressing after-pains so common to many women after parturition.

As a matter of course, there are some practitioners who have used every remedy in every dose that any one else has, according to their statements. They will not be benefitted by my suggestions; but if any one who has never given ergot a trial in the manner I have indicated will do so, I can assure him that he will not be disappointed.

To Prevent Bed Sores.—Paint the parts once or twice a day with collodion and castor oil, with equal parts of alcohol and white of egg beaten together, or with "traumaticine" (a solution of gutta-percha in chloroform—4 parts to 30). If an excoriation forms, the following ointment is applied:

℞ Cerate or cold cream.....30 grammes,
Extract of cinchona.....1 to 3 grammes,
Precipitated oxide of zinc.....1 gramme,
Watery extract of opium.....15 centigrammes.
M.

For *phlebitis*, the following application is made along the course of the affected vein:

℞ Purified lard.....30 grammes,
Watery extract of opium,
Extract of belladonna,
Extract of hyoscyamus, } aa.....3 grammes.
Extract of conium seed,
M.

In addition, poultices are used.—*N. Y. Med. Jour.—Amer. Med. Digest.*

Keeping Cider Without Boiling.—(Cider, Tyler, Tex.)—Use salicylic acid in the proportion of three grains to each gallon. Sulphite of lime is sometimes used, but we consider the acid to be better suited for the purpose.—*Nat. Drug.*

Male or Female Offspring at Will.—What are the laws determining sex? and, Can either sex be produced at will? have always been questions of extreme interest. Dr. Robert Funkhouser recently read a paper before the St. Louis Medical Society (published in the Weekly Medical Review) in which he reports an interesting series of experiments and his conclusions therefrom. He removed the left testicle from a dog, leaving the right intact. This dog could beget male offspring only. The experiment was tried six times with different females, but in every instance the result was male pups only. A dog having only the right testicle and a dog of an entirely different variety were allowed to approach a female at different times. The result was two pups, a male and female. The male was the exact counterpart of the father, having only the right testicle, and the female resembled the dog having both testicles. This was repeated three times, and in each litter there was a male pup resembling the dog having only the right testicle. The reverse of these experiments was tried, removing the right testicle and leaving the left intact, and in every instance female offspring was produced. Similar experiments were made in the female, but it was found that the removal of either ovary made no difference in the sex of the offspring. Females having only the right ovary gave birth to both sexes, and females having only the left ovary gave birth to both sexes, after being approached by dogs having both testicles. So, from this, it seems that the right testicle begets male offspring and the left testicle begets female offspring. The doctor shows that there is greatest affinity between the male and female elements of corresponding sides—that is, there is stronger affinity between an ovum from the right ovary and zoosperms from the right testicle, and vice versa. Then, if an ovum from the right ovary be placed among zoosperms from both testicles, it will become impregnated by the zoosperms from the right testicle by selective affinity. As an ovum is generally, perhaps always, impregnated upon the surface of the ovary or in the fallopian tube, it is plain that if the zoosperms can be gotten in the tube of the desired side, the offspring will be male or female, as the side is right or left. This the doctor does by gravitation. A bitch in heat was impregnated by means of injecting into the uterus seminal fluid collected from a dog. She was then forced to remain lying on the left side for one hour. In due time she gave birth to a female pup. When a male child is desired, the doctor advises that the prospective mother lie on the right side for at least one hour after copulation; if a female child is desired, she should lie on the left side for at least one hour after copulation. The doctor's observations extend over a number of years, and the facts that he has collected and the results of advice given relative to this matter have always been in harmony with the doctrine explained above.—*Med. World.*

Universal Erysipelas in a Child Aged Ten Months, with Recovery.—Dr. John Ferguson, of Toronto School of Medicine, has the following in a late number of the American Journal of Obstetrics:

This case is interesting for the following reasons: In the first place, the entire surface of the child became gradually involved, and, in the second place, as illustrating the value of sustaining treatment.

My first visit was made to the little patient on the eighth of May. I was informed that the disease commenced on the day previous, as a reddish swelling on the right labium. When I saw the patient for the first time the vulva was greatly swollen, reddish, slimy, and very tender. The inflammation had also extended on to the pubes and slightly on the lower part of the abdomen.

From this time the disease marched upwards and downwards over the surface of the body, requiring about four days from its appearance at any part until it became nearly normal again in color.

When the erysipelatous inflammation extended to the feet, there was very marked œdema. The chest, back and arms were also taken in turn. The neck and head were next invaded. The eyelids and lips were the last points of attack. In this manner every portion of the entire surface of the body—not omitting the palms of the hands and soles of the feet, which had a tinge of red—was affected at some time during the course of the disease.

The local treatment consisted in frequently and thoroughly anointing the skin with the following:

℞ Acid carbolici.....gr. v,
Ext. belledonnæ.....gr. xv,
Ung. petrolei.....℥ j.
M.

Soft clothes were kept next the skin and child loosely and comfortably covered.

The internal treatment consisted in the administration of one teaspoonful every three hours, in water, of

℞ Quin. sulph.....gr. iv,
Acid. hydrochlor. dil .....m. xxxij,
Tr. ferri chloridi.....fl. ℈ iv,
Syr. simp.....℥ ij.
M.

As the child was nursing, no other form of food of any kind was given, nor alcoholic stimulants.

The duration of the attack, from its commencement at the vulva to its disappearance at the eyes and mouth, was fifteen days.—*Peoria Med. Monthly.*

Vomiting of Pregnancy.—In an obstinate case of this trouble, which had resisted all the usual remedies, the following treatment succeeded: "January 25, at my third visit, I gave her hypodermic injection of mor. sul. gr. ½, sul. atrop, gr. 1-60. In fifteen minutes she was asleep, and slept for several hours—the first good, sound, refreshing sleep she had enjoyed for many days. After she awoke she was able to retain a small quantity of fresh milk with lime water, of which we continued to give her a little every two or three hours. Being a good way from home, and in mid winter, I left the syringe with the husband, with directions how to use it

when there were symptoms of the return of vomiting. This was my last visit. He wrote me each day and I sent him directions as to diet, etc. He used the syringe twice after this, each time giving relief. Some two months ago I saw the husband, who reported her doing well, having had but little trouble since my last visit. They have since moved still further away.

Since this I have used a solution of about the same strength, pe. orem, in several cases with good effect, though not so bad as this case.—*Peoria Med. Monthly.*

Treatment of Consumption.—In the Medical Press and Circular, June 8th, Dr. William H. Pearse says he is continually prescribing a combined muriatic acid, quinine aud arsenic treatment to a large number of those who are of the phthisical type, but whose cases have not advanced beyond the indigestion of bodily debility stages, and, with rare exceptions, with marked benefit. His general directions to such a patient are an out-door life, all and any food to which his fancies incline him, and which includes onions and pickles; also cod-liver oil, and the following mixture three times a day after meals:

℞	Cinchonid. sulph	grs. xx,
	Acid muriat. dil	ʒ v,
	Liq, arsen. hydro	m. c,
	Aq. maris	m. lxxx,
	Mangan. sulph	grs. xx,
	Infus. quassiæ	ad ℥.

Twenty doses.

The improvement is steady and regular, though, of course, rather slow.—*New Eng. Med. Month.*

Cholera Injection.—Professor Hoven has just published an elaborate lecture in the Revue Scientifique on the treatment of cholera, in which he chiefly advocates ipecacuanha and opium in the earlier stages; and black sulphide of mercury with salicylate of bismuth in the more advanced periods. When the patient falls into the state of algidity and collapse, the professor recommends the intravenous injection of the following solution (Medical Times):

℞	Aq. simpl	1000 parts.
	Chloride of sodium	5 "
	Hydrate of sodium	1 "
	Sulphate of sodium	25 "

—*Louisville Medical News.*

Cocoa.—Squibbs' *Ephemeris* says that the difficulty in obtaining a good article of cocoa in the markets has become so great as to cause the writer to abandon the manufacture of the fluid extract, and to substitute for it an extract of tea (Thea Viridis). Cocoa, according to the same authority, has not commended itself generally to therapeutic use.—*Pacific Medical Journal.*

Copper as an Antidote to Cholera.—At a recent meeting of the Academie des Sciences, M. Bouley drew attention to M. Burk's assertion that those persons whose organisms are thoroughly submitted to the influence of copper are as inaccessible to the attacks of cholera as those vaccinated are to smallpox. The following methods, according to M. Burk, are all equally efficacious: the habit of wearing copper bracelets, or bands which encircle the waist, or materials which have been steeped in solution of copper, or the administration of black oxide of copper in the form of pills. At a recent meeting of the Academy of Medicine, M. Bailly furnished personal evidence which invalidated M. Burk's statement concerning the therapeutic value of copper in treating cholera. M. Bailly practices at Chambly, very near manufactories where spoons and forks are made with a copper alloy known as alfenide. All hands employed exhibit symptoms of the influence of copper; nevertheless, the ravages made in 1866 by an epidemic of cholera are subversive of M. Burk's hypothesis. During an epidemic of typhoid fever, fifty-six people were attacked; of these, twenty-six were impregnated with copper. Four of the twenty-six died; no other deaths are recorded. M. Bailly mentioned a fatal case of "charbon" consequent on a fly-sting; also, deaths from diphtheria. All the sufferers exhibited symptoms of copper-impregnation. Summer diarrhœa, also choleraic diarrhœa, attack those among the work-people who are thoroughly impregnated.—*British Medical Journal.*

Deep Breathing.—The composition of nitrous oxide (laughing gas) is the same as that of common air, except that it has a larger proportion of oxygen, and its anæsthetic effect is thought to be due to its oxygen. Deep and rapid breathing, by supplying an excess of oxygen to the blood, has been found to be an anæsthetic of considerable value. Many operations rendered painless by this measure have been reported. We wish to suggest that this forcible injetcion of oxygen (oxygen is a gaseous food) may be made a valueable therapeutic procedure. Habitual deep breathing will doubtless benefit many cases of anæmia, mal-nutrition, etc., provided that the air be pure. Indeed, we can scarcely imagine any abnormal condition that might not be benefitted in this way. Those persons who lie awake at night and toss about restlessly, vainly trying to go to sleep, will find deep and rapid breathing for several minutes to be a sweet and grateful composer.—*Med. World.*

Post-Nasal Catarrh.—Dr. Curtiss, of St. Louis, thus cures Naso-Pharyngeal Catarrh (St. Louis Med. Jour.): The treatment is conducted by means of sprays, and the fluids used are composed as follows: A cleansing fluid is used, first, of boracic acid, glycerine and water; after the cleansing process, a spray of melted cosmoline with a proportion of five grains in two ounces of corrosive sublimate. The "cure" in this is very prompt: taking about ten treatments, the discharge stops and the mucus membrane resumes its natural appearance. He mentions this as a type of no less than twenty cases which he has treated successfully within a year past.

Conium in Malarial Disease.—Richard C. Newton states that he has frequently used the following prescription in the treatment of malarial disease:

℞ Ext. conii fl.....ʒ x,
Ferri peroxid.....ʒ iij,
Sp'ts vin. gal.....ʒ iss,
Quin. sulph.....ʒ ss,
Syr. simp.....ʒ iij,
Ol. menth. pip.....ʒ iij.

M. Sig. ʒ j every four hours; then every two hours for two or three doses; then every four hours.

To children it has been given very successfully by doubling the amount of syrup.

He says the prescription was given to him by Mr. F. O. Vaille, of Denver, Col., who had it from his father, the late Dr. Vaille, of Springfield, Mass. The remedy has a high degree of local popularity as "Vaille's medicine." Dr. Newton finds it a "mild laxative, diaphoretic and tonic. Its quieting and soothing effects differ widely from the disturbance often occasioned by quinine." He regards it as a safer remedy than Warburg's tincture.—*Medical Record.*

The Bromides as a Cause of Insanity.—At the last meeting of the American Neurological Association, Dr. Bannister called attention to the maniacal excitement sometimes produced by the use of the bromides. Corroborative instances were mentioned by Drs. Hammond, Jewell, Spitzka and Seguin. Perhaps the best commentary on this paper is the recent suicide of a physician in a condition of frenzy produced by bromidizing himself for the prevention of sea-sickness. This procedure has been so enthusiastically recommended for sea-sickness, by the author of "Oh, My," Dr. Beard, that it is about time some attention was called to the dangers of the process. The bromides have been greatly abused in the treatment of the neuroses, and it is to be hoped that a severely critical examination of their therapeutic use will be inaugurated by this paper of Dr. Bannister.—*Chicago Med. Rev.*

Witch Hazel in Menorrhagia.—The Medical Record quotes from an article by Dr. Henry M. Chute, in the South African Medical Journal, in which he reports the results of his use of hamamelis virginica in the treatment of the menorrhagia, which is a very frequent ailment of women in Cape Colony. He administered the drug in doses of half a teaspoonful of the fluid extract in sugared water, two or three times a day. He says it acts so quickly that it is not necessary to anticipate the flow, and when the menstruation has lasted the ordinary time and is not closing naturally the remedy will effectually restrain it; but after the hemorrhage has ceased there is no advantage in continuing it. Another good result of the drug is observed in dysmenorrhœa, in which it, in a very marked, quick manner, relieves the pain.—*Ther. Gaz.*

A New Disease.—Our British colleagues announce what they claim to be a new disease, which manifests itself by excavating ulcers, with an irregular caseous-looking base, a semi-gelatinous centre, and affects the region of the chest, neck and jaw.

The Pathological Society sets it down as a new infectious disease, to be known as actino-mycosis, that its origin was with cattle, and formerly known as maxillary sarcoma.

Prof. Ponfick, of Breslau, was first to describe the disease in man as identical with that found in cattle, in his monograph entitled, "Human Actino-mycosis." It is said that the growths are distinctly pedunculated, and are fungoid in character.—*New York Med. Times.*

Treatment of Ingrowing Toe Nail.—Professor Petersen removes the whole of the soft part down one side of the nail, extirpates the nail itself, from antiseptic motives, and, after arresting bleeding by pressure, dresses the wound rapidly with oxide of zinc and cotton-wool. Fourteen days rest in bed, with the foot raised, generally suffices for cure, and the contraction of the cicatrix prevents a relapse to the old condition. Professor Petersen prefers general to local anæsthesia, on account of the troublesome bleeding afterward; and for the same reason he does not approve of Esmarch's bandage in this operation.—*Cin. Lancet and Clinic.* [This is *too* many operations.—EDITOR RECORD.]

The Globus Hystericus.—Dr. Roth regards this symptom as due to a paræsthesia of the sympathetic. And as the pellitory root has been found useful in paralysis of the tongue and pharynx, the author was led to try it in globus. He gives from ten to twenty drops of the tincture of pyrethrum four times a day. He reports six cases in which he employed this remedy with satisfactory results.—*Centralblatt fur Gynakologie, May 3, 1884.*

Cure of Hydrocele.—A correspondent asks for Levis' plan for the radical cure of hydrocele with carbolic acid. Ans.: Tap the hydrocele and inject from one to two drachms of 95 per cent. carbolic acid into the sack. If the fluid should again accumulate, remove it by tapping. It is then said not to return.—*Medical Review.*

Cholera Preventives.—Cholera germs require an alkaline medium for their development. For this reason acids should be used freely by those exposed to the poison. The mineral acids, preferably the aromatic sulphuric acid, have proved to be the most efficient prophylactics ever tried, and their value should be more generally acknowledged.—*Med. World.*

In the Detroit Lancet, December, 1883, Dr. A. B. Ballou reports a case of complete fracture of the upper portion of the left side of the forehead and escape of brain substance, with perfect recovery.

SCIENTIFIC ITEMS.

The Banyan Tree.—Forbes, in his Oriental Memoirs, says that a banyan tree, named Cubbeer Burr, was nearly two thousand feet in circumference, measured round its principal stems, but that the ground covered by its overhanging branches was considerably more extensive. The large trunks numbered three hundred and fifty, and the smaller ones exceeded three thousand. This tree, at one time, was considerably larger, a fearful storm, accompanied by a flood on the Nerbudda, having carried away a greater part of it, reducing the number of the larger trunks from thirteen hundred and fifty to the three hundred and fifty now remaining. The original size of this colossal tree may be better conceived by remembering that two thousand feet (its circumference when Forbes saw it) is more than one-third of a mile. It is truly one of the wonders of Nature. The careful provision by which everything is made to adapt itself to the circumstances in which it is placed is strongly exemplified in the growth of this tree; for if these branches did not throw out roots, and so form a trunk with which to support their own weight, they would tear themselves off from the parent stem.—*Pop. Sci. News.*

A Paper Door.—"Feel the weight of that door," said a New York builder to a reporter, who was looking at an unfinished apartment house up-town. The reporter prepared to lift what seemed a polished mahogany door, but it proved too light for any wood. "It is made of paper," said the builder, "and, while it costs about the same as wood, is much better, because there is no shrinking, swelling, cracking or warping. It is composed of two thick paper boards stamped and moulded into panels and glued together with glue and potash, and then rolled through heavy rollers. It is first covered with a water-proof coating, and is painted and varnished and hung in the ordinary way. Few persons can detect that they are not made of wood, particularly when used as sliding doors."—*Mech. News.*

A Curious Calculation.—In a recent lecture "On Fixed Stars," Dr. David Gill wanted an illustration of the distance to Centauri. This is what he said: "We are a commercial people. We like to make our estimates in pounds sterling. We shall suppose that some wealthy directors have failed in getting parliamentary sanction to cut a sub-Atlantic tunnel to America, and so, for want of some other outlet for their energy and capital, they construct a railway to Centauri. We shall neglect, for the present, the engineering difficulties—a mere detail—and suppose them overcome and the railroad open for traffic. We shall go further, and suppose that the directors have found the construction of such a railway to have been peculiarly easy, and that the proprietors of the interstellar space had not been exhorbitant in their terms for right of way. Therefore, with a view to encourage traffic, the di-

rectors had made the fares exceedingly moderate, viz.: first-class at one penny per one hundred miles. Desiring to take advantage of these facilities, an American gentleman, by way of providing himself with small change for the journey, buys up the national debt of England and of a few other countries, and, presenting himself at the booking office, demands a first-class single to Centauri. For this he tenders in payment the scrip of the national debt of England, which just covers the cost of his ticket; but I should explain that at this time the national debt, from little wars, coupled with some unremunerative government investments in landed property, had run up from seven hundred millions of pounds to one billion, one hundred millions of pounds sterling. Having taken his seat, it occurs to him to ask: 'At what rate do you travel?' 'Sixty miles an hour, sir, including stoppages,' is the answer. 'Then, when shall we reach Centauri?' 'In forty-eight million, six hundred and sixty-three thousand years, sir.' 'Humph! rather a long journey.'"—*Boston Advertiser.*

Electricity in Dental Practice.—So pure and so intense are the rays derived from electricity that, even with the imperfect apparatus already devised, a sight of the oral tissues under its illumination is a new revelation to the dentist. We do not mean to assert that the teeth and their investing tissues are made transparent, but we do say that so intense is the illumination that the condition of the tissues can be, by the experienced operator, very clearly observed. The congestion produced by pressure alters the appearance of the soft tissues, so that, when comparatively deep-seated, it is quite plainly indicated. An inflamed pulp changes the looks of a tooth, interrupting the semi-translucency. A filling can be plainly seen through a tooth, and a filled root presents a different appearance from one that is unfilled. But it is especially in determining the condition of proximate surfaces in close contact that the usefulness of the electric light becomes evident. If such surfaces are rough and unpolished, if food habitually lodges between them, the fact is at once apparent. If softening of the enamel has begun, the premonitory symptom of approaching decay, it is instantaneously revealed. If a pocket has formed beneath the gum and foreign matter is lodged there, it needs not the probe to determine the fact. Incipient pyorrhœa can be immediately detected.

The apparatus with which these results have been obtained is by no means perfect. When something a little better shall have been offered, we may confidently look to see electricity employed to advantage in the office of every operating dentist.—*Med. Times.*

Electric Ballet.—London is to have an electric ballet. The stage will be darkened for a moment only to be instaneously illuminated with hundreds of ballet-girls in armor, and every point of it pricked with stars of electric light. An ingenious Frenchman is the author of this device. When he arrived at the Charing-Cross station with his ballet dresses and machinery, he was promptly arrested as a Parisian Fenian, and had to prove his connection with the theatrical trade before he was released.

PRACTICAL NOTES AND FORMULÆ.

Thielemann's Cholera Mixture.—The Druggists' Circular says: A preparation termed "Professor Thielemann's Cholera Mixture" has been very extensively employed in the northern countries of Europe, both by medical practitioners and the public at large, and has gained quite a reputation as a remedy against cholera morbus, diarrhœa, etc. In this country the compound has of late gained a foothold, and there seems to be a speedily growing demand for it from the drug stores and pharmacies especially in the parts of the country where the Scandinavian population has located. In the seventh edition of the Sweedish Pharmacopœia the compound was introduced under the synonym "Mixtura Thielemanni," and its composition is as follows:

MISTURA THIELEMANNI.

By weight.

℞	Oil of peppermint	3 parts.
	Alcohol	22 "
	Wine of opium and saffron	10 "
	Wine of ipecac	25 "
	Ethereal tincture of valerian	40 "

The same pharmacopœia directs the three last named ingredients to be prepared in the following manner:

WINE OF OPIUM AND SAFFRON.

℞	Ceylon cinnamon, in coarse powder	1 part.
	Cloves, bruised	1 "
	Spanish saffron	5 parts
	Powdered opium	15 "
	Malaga wine, sufficient to make	150 "

Macerate five days, under a temperature of 15-25° C. (59-77° F.). express and filter.

The wine of ipecac shall be prepared in the same manner, with one part of powdered ipecac and ten parts of sherry wine, and the ethereal tincture of valerian, with one part of valerian root in coarse powder, and five parts of spirit of ether (one part of ether and three parts of alcohol). The parts are all by weight. The pharmacopœial name for this tincture is Tinctura Valerianæ.

Dose, one to two teaspoonsful.

Esmarch's Painless Caustic.—

℞	Arsenious acid	1 part.
	Sulphate of morphine	1 "
	Calomel	8 parts.
	Pulverized gum-Arabic	48 "

When used for warts, tumors, etc., the surface skin should be removed with a knife or blister, and the powder sprinkled on the denuded surface daily.—*St. Louis Druggist.*

Formula for S. S. S.—

℞ Old man's gray-beard root (Chionanthus Virginica)..... 1 bushel.
Prickly ash root.....16 ounces.
White and red sumac root, of each..... 8 "
Sarsaparilla root.....10 "
Sulphate of copper..... 8 drachms.

Sig.—One wineglassful four times a day. Strictly abstain from horseback riding, butter or very greasy food, all kinds of spirits or fermented liquors. Of course the chancre must be treated in the usual manner.

Bruise the gray-beard and sumacs roots and put them, with the sarsaparilla, in an iron pot sufficient to hold eight gallons of water, or cover the roots completely with the water. Cover the pot with pine tops and boil slowly until the liquid assumes the color of ink. Strain while warm, add the sulphate of copper and good Holland gin q. s. to prevent fermentation.

Thompson's Eye Water.—

℞ Sulphate of copper.....10 grains.
Sulphate of zinc.....40 "
Rose water..... 2 pints.
Tincture of saffron..... 4 drachms.
Tincture of camphor..... 4 "

Mix and filter.

Pulv. Anti-Chol. Infanti.—The following prescription, sent to us by P. W. Burdge, M. D., of Rahway, N. J., is used at the Newark (N.J.) City Dispensary for cholera infantum :

℞ Hydrarg. sub mur..... gr. ij
Pulv. ipecac.....gr. iij
" piumbi acet.....gr. viij
" Doveri.....gr. vj
" creta comp.....ʒ ij.

Mice, et ft. chart. No. xxiv.—*Med. World.*

For Piles.—The following ointment will cure most cases of piles, even those that would seem to require an operation. A number of cases of chronic prolapsus ani have yielded to it :

℞ Monselle's salt..... ʒ ss
Morphia sulph .....grs. vj
Petroleum mass..... ʒ j.

M.—Apply night and morning with finger.

Be sure to use petroleum mass ; lard, vaseline, cosmoline, etc., should not be substituted, as the crude petroleum has a specific effect on the parts diseased.—*Ibid.*

Emmenagogue.—The pill used by the French women to produce barrenness I have found a valuable emmenagogue. Each pill contains two grains each of aloes and carbonate of titanium. They have never failed to bring on the menstrual discharge at the next epoch. Stoppage produced by cold, etc., is restored by this preparation in eight hours. It is a most powerful direct stimulant to the sexual organs. I have no doubt that it would produce barrenness if persevered in. A married woman using the pills does not become pregnant.

My usual formula is as follows :

℞ Pulv. aloes (soc.) } aa..... ℥ j.
Carb. titan. }

Fiant pilulæ No. xxx. Sig.—One pill three times daily.

No particular nicety need be paid in regard to dose ; from one to three pills may be taken *ter die.* They should be commenced from one week to ten days before the expected menstrual period. I have employed them in many cases of amenorrhœa, both in retention and suppression, and almost invariably with the utmost gratifying results ; so certain are they to restore the uterine secretion, when suppression does not depend upon organic disease, that I almost regard them as a specific. Their action is peculiar ; they seem to possess the power of restoring the secretion when suppressed, and of promoting it when deficient. This pill is, in fact, a "female regulator." When the obstruction is from cold these pills, with warm pediluvia, are sufficient. They operate kindly and without excitement ; the patient hardly knows she is restored. —*Med. World.*

Red color for Show Globes.—In answer to the question, "How can a bright red color for show globes, that will not fade, be made ?" I offer the following :

℞ Carmine.....grs. i
Aq. amm..... ℥ i
Glycerine..... ℥ 2
Aq. dest. q. s. ad..... ℥12

Dissolve the carmine in the ammonia. Mix all, and a beautiful and permanent red will be the result.— PHARMACIST.—*National Druggist.*

Hill's Balsam of Honey and Tar.—

℞ Balsam tolu..... .....℥ 2
Styrax.....℥ 2
Opium.....grns. 30
Honey.....℥ 8
Tar, pine tree..... .....℥ i
Alcohol.....℥32

Mix and macerate for five days, with occasional agitation, then strain and bottle.—*National Druggist.*

EDITORIALS AND MISCELLANEOUS.

☞ Friends, send in the amounts due, and oblige the managing editor, R. C. WORD.

EDITORIAL NOTICES.

ST. LOUIS MEDICAL JOURNAL.—See the advertisement of this excellent journal in this issue. It clubs with our journal at low rates.

DR. HARTER'S IRON TONIC.—This preparation, an advertisement of which is in this journal, has proven to be an excellent combination. It contains iron, calasaya bark, phosphorus, coca and viburnum.

DEATH OF DR. HOUSTON.—We are pained to hear that our young friend, Dr. Thos. F. Houston, formerly of Atlanta, is no more. He died, recently, at his home in Clarksville, Ga.

SUPPOSITORY CO., CHICAGO, ILL.—The method of medication by suppositories is becoming quite common. See the advertisements in this issue of the Chicago Suppository Co., including Pencils, Bulbs, Suppositories, etc., for nose urethra, lachrymal duct, etc.

PROF. GASTON.—The able and interesting address of Prof. Gaston on entering the Chair of Surgery in the SOUTHERN MEDICAL COLLEGE on the 8th inst. was listened to by the class and a large number of citizens and professional brethren with marked interest. In a future number we expect to publish the address. Dr. Gaston's ability as a teacher is unmistakable, and his extensive experience as a surgeon will give an additional impetus to the growing popularity of the SOUTHEEN MEDICAL COLLEGE.

OPENING EXERCISES OF THE SOUTHERN MEDICAL COLLEGE.

The introductory lecture of Prof. Nicolson in the SOUTHERN MEDICAL COLLEGE, of Atlanta, was able and appropriate to the occasion. Quite a large and intelligent class of young gentlemen were present, and a goodly number of citizens, including ladies and professional gentlemen. The prospects of the school are flattering, and it is evident that the members of the faculty are in earnest in their expressed determination to make Atlanta a great medical centre. It is believed that the equipment of this institution is in every respect unsurpassed by any institution in the whole country, and that it is destined to hold a very high rank among the foremost schools on the continent. The sympathies of the profession throughout the Southern States are rapidly turning toward this school, being struck by its rapid development, its high position in respect to education and the ethics, and the remarkable energy and ability of the faculty.

IN MEMORIAM.

ACTION OF THE BOARD OF HEALTH IN REFERENCE TO THE DEATH OF DR. DRAKE.

The following is an extract from the minutes of the Board of Health of the city of Atlanta, September 13, 1884:

Whereas in the unerring wisdom of the Supreme Ruler of the Universe, our friend and colleague, Dr. William G. Drake, has been removed from our midst by death; and

Whereas, by his decease the Board of Health has lost a safe and wise counsellor, the city a faithful and conscientious officer, and society a genial and true member; therefore, be it

Resolved, That, while we bow in reverent submission to the Divine decree, we are profoundly sensible of the absence of our brother from his accustomed place, and deeply deplore his loss.

Resolved, That the sincere sympathy of this Board be most respectfully tendered the sadly stricken family, and that a page in our records be inscribed to his memory.

Resolved, That these resolutions be published in the city papers, in the Atlanta Medical and Surgical Journal and in the SOUTHERN MEDICAL RECORD.

W. S. ARMSTRONG, M.D., President.
JAMES B. BAIRD, Secretary
FRANK P. RICE
AARON HAAS.

MORTALITY IN ATLANTA.

The Board of Health, in a Report for 1883, states that there were one thousand and eighty-seven deaths in the city during the year.

The greatest mortality was during the months of May, June, July and August.

Of the white population, numbering thirty thousand, there were four hundred and forty-three deaths. Of the negro population, numbering twenty thousand, there were six hundred and forty-four deaths. The total annual death rate was twenty-one and seventy-four hundredths per thousand. Percentage of mortality among the whites, fourteen and seventy-six hundredths; among the blacks, thirty-two and twenty hundredths.

The greatest mortality was in the month of July, the smallest in February.

Of the whole number of deaths, forty-nine and three hundredths per cent. occurred among children under the age of five years.

GOV. CLEVELAND AND THE HOMŒOPATHS.

Our homœopathic friend of the New York Medical Times complains that Governor Cleveland, in his vetoes, has discriminated in favor of the Allopaths. It is probable, however, that his action was on other grounds than that of preference for any particular school of medicine, as he is known to be a fair, cautious and strictly honest man.

It is said of Mr. Lincoln, however, that he was violently opposed to homœopathy, and on one occasion rejected an application for a place on the medical staff in a way to humiliate the party applying for the position by telling one of his characteristic anecdotes, in which he illustrated his opinion of infinitesimal medicine in a strong and ridiculous light.

PROCEEDINGS OF THE CHICAGO MEDICAL SOCIETY.

At the regular semi-monthly meeting of this Society, held September 25th, 1884, Dr. C. W. Earle presented an interesting paper on "Malformation of the Stomach," and exhibited a specimen (the stomach) of a new born babe that lived twelve days. There was no opening from the stomach leading into the duodenum. Biliary matter was found in the contents of the bowels and passages. The same gentleman also presented the history of a case of bony tumor of the female pelvis, and exhibited the pathological specimen, which weighed three and a half pounds. Bony tumors of this region are rarely seen, we think.

The Secretary, Dr. Liston H. Montgomery, offered the following resolutions and moved their adoption:

Whereas, From present reports and indications in foreign countries, cholera and yellow fever (both pestilential diseases) prevail, and as the latter especially is always assuming a threatening attitude toward us, and is not conducive to our national prosperity, nor to public health, and should, if possible, be averted with earnest and efficient sanitary measures; and

Whereas, Cholera may make its appearance on this continent ere another twelve months should elapse, and should likewise, if possible, be averted or restricted to the narrowest limits; therefore,

Resolved, That it is the sense of the Chicago Medical Society to have that department of the government relating to public health recognize the services of able sanitarians who constitute the National Board of Health, for the purpose of co-operating with municipal, State and other organizations of a similar kind, and that a committee of seven (7) members of this Society be appointed by the Chair to draft suitable resolutions in behalf of said National Board.

Resolved furthermore, That this Committee present said resolutions to the Congress of the United States, memorializing that body to make a sufficient appropriation for the purpose of said Board for scientific investigation in the prevention and restriction of epidemic, preventable, and pestilential diseases.

We believe this action should be promptly taken at the coming session of our national legislature, and that a thorough sanitary organization of the nation should be recognized, and with it absolute enforcement of the best means for the protection of her citizens and the improvement of our inter-State sanitary condition.

The resolutions, as read, provoked a good deal of discussion, which was participated in by many of the most influential members of the Society, all of whom favored their adoption. The motion to this effect was unanimously carried. Dr. J. H. Etheridge moved that the committee be authorized to present their resolutions first to the Society for a final consideration before they are presented to Congress, which motion also prevailed.

The following well-known members constitute the committee: Drs. O. C. DeWolf, R. E. Starkweather, L. H. Montgomery, John Bartlett, J. H. Etheridge, A. R. Jackson, J. H. Hollister.

BOOKS AND PAMPHLETS RECEIVED.

Transactions of the Medical Society of the State of West Virginia. Seventeenth Annual Session, held in Clarksburg, May 21 and 22, 1884.

We are indebted to the kindness of the Secretary, Dr. S. L. Jepson, of Wheeling, for a copy of the above work.

An address of welcome was made by Dr. D. P. Morgan, also by Gen. R. S. Northcut, Mayor.

The officers elect are:

President—Dr. Geo. Baird.

Vice Presidents—Dr. T. A. Harris, R. R. Foly, S. H. Austin.

Treasurer—Dr. Jno. A. Campbell.

Secretary—Dr. Samuel L. Jepson.

Board of Censors—J. H. Manown, L. C. Hunt, J. H. Brownfield, J. O. Wall, J. M. Bacock, W. J. Bland.

The following gentlemen presented papers to the Society: Drs. R. W. Hall, R. M. Baird, Fleming Howell, Geo. H. Rohe, W. H. Sharp, J. P. Miller, Jno. Fresseli, W. K. Curtiss.

The next meeting was appointed for the third Wednesday of May next at Weston.

A Compend of Organic and Medical Chemistry, including Urinary Analysis and the examination of Water and Food, by Henry Leffmann, M.D., D.D.S., Professor of Chemistry and Metallurgy in the Pennsylvania College of Dental Surgery, and of Clinical Chemistry and Hygiene in the Philadelphia Polyclinic. Philadelphia: P. Blakiston, Son & Co.

The above is a compact and valuable little work on Chemistry, of 124 pages, presenting in a nutshell the facts and principles of organic and medical chemistry—an excellent work for the student.

Leffel's House Plans.—We are in receipt of a copy of this work, just published by James Leffel & Co., 110 Liberty st., New York. It is a volume of more than two hundred pages, containing upward of one hundred and fifty illustrations. It comprises elevations and plans, with descriptions, of forty houses costing from five hundred dollars to three thousand dollars, and adapted to families having good taste and moderate means. The book is printed on heavy paper of the best quality, with clear type and illustrations, and handsomely bound in cloth, with blue and gold cover.

On the Diagnosis of Tumors of the Anterior Mediastinum, by James C. Wilson, M.D., Philadelphia, Lecturer on Physical Diagnosis at the Jefferson Medical College, etc., etc. Read in the Section on Practice of Medicine and Materia Medica, of American Medical Association, May, 1884. Reprinted from the Journal of the American Medical Association, July 12, 1884.

Preventable Blindness, by Samuel Theobald, M.D., Chairman, Professor of Diseases of the Eye and Ear in the Baltimore Polyclinic and Post-Graduate Medical School; Surgeon to the Baltimore Eye, Ear and Throat Charity Hospital. Reprint from Transactions of the Medical and Chirurgical Faculty of Maryland, 1884.

Gunshot Wounds of the Small Intestines, by Charles T. Parkes, M.D., Professor of Anatomy in Rush Medical College, Chicago, Ill., being the Address of the Chairman of the Section on Surgery and Anatomy, read at the meeting of the American Medical Association, held in Washington, D. C., May, 1884.

Explanation of the Pathology and Therapeutics of the Diseases of the Nerve Centres, especially epilepsy. By J. M. Gaston, M.D., Professor of Surgery in the SOUTHERN MEDICAL COLLEGE, Atlanta, Ga. Reprint from Transactions of The Georgia Medical Association.

Proceedings, Addresses and Discussions of the Third Semi-annual Meeting of the Kentucky State Sanitary Council, held at Bardstown, Ky., March 26th and 27th, 1884, under the auspices of the State Board of Health.

RECEIPTED.

Receipts will appear in our next.

SPECIAL NOTICES.

Atlanta Surgical Infirmary for males and females, with all the requisite appliances, and having competent attendants and trained nurses, No. 107 Marietta street, Atlanta, Ga., under the direction of J. McF. Gaston, M. D., Professor of Principles and Practice of Surgery in the Southern Medical College.

Stigmata Maidis.—Corn-silk is a new remedy from the fact of the comparatively recent discovery of its properties as an emollient, antiseptic, and diuretic. Under its lenitive action the inflamed surface of the genito-urinary tract, and more particularly, perhaps, of the bladder, as in vesical catarrh, is soothed, and the decomposition of urea into the irritant ammonia salts is checked. The flow of the urine is at the same time augmented, and thus we have a combination of the very effects which an intelligent comprehension of a case of vesical irritation would seem to dictate on the part of the therapeutist. Messrs. Parke, Davis & Co., who were the first to place a preparation of stigmata maidis before the profession of this country, with the return of the season have laid in a large supply of the drug in anticipation of a continuance of its popularity.

Eclectic Magazine of Foreign Literature, Science and Art. The ECLECTIC MAGAZINE reproduces from foreign periodicals all those articles which are valuable to American readers. Its field of selection embraces all the leading Foreign Reviews, Magazines and Journals, and the tastes of all classes of intelligent readers are consulted in the articles presented. Its plan includes Science, Essays, Reviews, Sketches, Travels, Poetry, Novels, Short Stories, etc., etc. Terms—single copies, 45c; one copy, one year, $5; five copies, $20. Trial subscription for three months, $1. The ECLECTIC and any $4 magazine to one address, $8. E. R. PELTON, Pub., 25 Bond St., N.Y.

Seven Springs Iron-Alum Mass.—I have found this remedy superior to anything I have yet tried, in the treatment of Female complaints, Gastric Catarrh and Dropsical Affections. In this climate, where malarial influences prevail, it is the remedy "par excellent." I have just cured a Chronic case of Chills and Fever which baffled quinine. I regard it the best "Tonic-Alterative" to be had anywhere, and can cheerfully recommend it to my Professional brothers. No physician, after using it, can fail to appreciate it.

F. L. NEWMAN, M. D.,
Ouachita City, La.

Tongaline.—"In those forms of neuralgia and rheumatism of a malarial origin, and most seem to be such, I have been highly gratified by the action of TONGALINE in conjunction with quinine, the therapeutic properties of both seeming to be accentuated under these circumstances.

With each dose of TONGALINE I prescribe two to five grains of quinine, according to the severity of the case and the susceptibility of the patient to the effect of the latter.

"Thus far, have not experienced a single failure."—*Ext. from July No., '84, of Med. Brief, p. 323.*

Wm. R. Warner & Co.—This splendid Drug House, so widely and favorably known, both to the home and foreign trade, continue to maintain their high position. Their preparations are regarded by the profession everywhere as unsurpassed for purity and elegance. As manufacturing chemists, this establishment is eminently popular, and is the pride of our country. This house has an attractive advertisement in this issue, which please examine carefully.

Dr. J. S. Pemberton & Co., Drug and Chemical Brokers and Manufacturers' Agents, Atlanta, Ga. Drug stores bought and sold. Physicians bills and orders a specialty. Send for prices. Correspondence solicited.

Battle & Co., Chemists, St. Louis.—This is a splendid House. Their preparations possess real merit, and are growing in popularity with the Profession everywhere. They are live men, energetic and reliable in their dealings, and prompt in business transactions. They keep an advertisement in this Journal, which our readers are invited to examine carefully, and we doubt not they will be both interested and profited thereby.

Dr. Harter's Iron Tonic.—This medicinal preparation is one out of a thousand of the proprietary kind placed before the public which has what it claims, "intrinsic merits," and does afford relief in diseases like dyspepsia, general debility, and many kinds of disorders peculiar to females. It has received the endorsement of hundreds of people of good standing throughout the country, and should it sometimes fail to effect a cure, it may be taken without deleterious results. It has become a staple medicine with druggists. One or two bottles, used in season, may save a heavy bill from the family physician.

DIABETES.—The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus, *GILLIFORD'S SOLUTION*, an aqueous solution of a combination of Bromine and Arsenious Acid. This remedy has also proved very useful in a variety of nervous affections. Manufactured and sold by R. H. GILLIFORD, M. D., Allegheny, Pennsylvania. In half-pint bottles, $1.00 per bottle. Expressed on receipt of price. Sample free, except expressage.